

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2008 8:00 am
Secretary of State

06-30-2008 90021 042 ***150.00

DOCUMENT # P04000070574 1. Entity Name #1 AUTO GLASS INC.					
Principal Place of Business 651 N. GOLDENROD RD. 9 ORLANDO, FL 32807			Mailing Address 651 N. GOLDENROD RD. 9 ORLANDO, FL 32807		
2. Principal Place of Business - No P.O. Box # 425 South Arroyo Trail Blvd		3. Mailing Address 1000 Orlando FL			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		06022008 Chg-P CR2E034 (12/06)	
City & State 		City & State 		4. FEI Number 55-0865232	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VELAZQUEZ, JORGE 12625 PARKBURY DR ORLANDO, FL 32828				7. Name and Address of New Registered Agent Name Jorge Velazquez Street Address (P.O. Box Number is Not Acceptable) 425 S Arroyo Trail Blvd Orlando City FL 32828	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VELAZQUEZ, JORGE L 12625 PARKBURY DR ORLANDO, FL 32828	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, BEATRIZ 12625 PARKBURY DR ORLANDO, FL 32828	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, JESSICA Y 1364 KAROK ST ORLANDO, FL 32828	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CABALLERO, WILLIAM J 12831 SOPHAMARIE LOOP ORLANDO, FL 32828	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit with all other like empowered.					
SIGNATURE: 			Date 6-23-08 Daytime Phone # 407-442-5011		